



Eczema (Nar-e-Farsi) in the light of Unani System of Medicine: A Research Article

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Abstract

The word 'eczema' originates from the Greek for 'boiling' a reference to the tiny vesicles (bubbles) that are frequently found in the early acute stages of the disorder, but less often in its later chronic stages. 'Dermatitis' means inflammation of the skin and is therefore, strictly speaking, a broader term than eczema which is just one of several possible types of skin inflammation. Eczema is a form of dermatitis, a skin irritation characterized by red, flaky skin, sometimes with cracks or tiny blisters. It is extremely itchy, but scratching damages the fragile skin and exacerbates the problem, The fluctuating etiological ideas of this ailment are reflected by the various names for example, 'neurodermatitis', 'neurodermitis', 'endogenous skin inflammation' are just few examples of current terms. Atopy is a strikingly a common finding in these patients. In Unani literature it is termed as Nar-e-Farsi. The causes of Nar-e-Farsi described by Unani Scholars are: Mixing of Khilt-e-Safra into blood, indigestion, general weakness, nerve weakness, arthritis, gout, intestinal worms, incomplete evacuation, use of garlic, mustard, chilly, spicy food and extreme hot or cold. The treatment of Eczema also mentioned in the literatures of Unani as per the etiology. The Clinical trials and studies were carried out on Eczema which show extremely viable outcomes. This paper investigates the ongoing features of Eczema, alongside its etiological introduction and Herbal household remedies treatment according to Unani system of medicine.

Keywords: Eczema, Nar-e-farsi, Prevention and Managements, Unani Contribution, Treatment.

I. Introduction History and Background of Eczema (Nar-e-Farsi)

“As far back as we can see, in one of the earliest known medical documents called the Ebers Papyrus thought to be written more than 3,000 years ago, there have been skin issues described,” said Dr. Peter Lio, Assistant Professor of Clinical Dermatology and Pediatrics at Northwestern University’s Feinberg School of Medicine. While the document doesn’t specify eczema, Dr. Lio noted it wouldn’t be surprising if that were the case. Early remedies listed for “enduring itch” on the Ebers Papyrus included compresses of bean and onion mixtures as well as milk and sea salt.

Hippocrates, traditionally thought responsible for the Hippocratic Oath and referred to as “the father of modern medicine,” also contributed theories on the origins and treatment of eczema-like skin conditions around 400 BC. We can thank two English doctors, Robert Willan and Thomas Bateman, for coining the term “eczema” in 1817 to describe a fluid-filled, blistering rash (like a sunburn).⁴



Fig. 1 Eczema- A serious inflammable skin infection



Fig. 2 Eczema- A common skin problem in male and female

It’s the first time we see the term appear, though it doesn’t match the types of eczema we typically think of today. In the early 1900s, as dermatology continued to distinguish itself from general medicine, doctors altered their approach to the study of the skin. “Dermatologists began to differentiate between different types of skin conditions, including eczema, and to categorize them based on their symptoms and appearance,” explained Dr. Lio. These new classifications helped doctors better understand and differentiate between similar-appearing conditions, like eczema and psoriasis, which allowed for more specialized studies. A description of the most common type of eczema we know today appeared in 1933. Atopic came from the word “atopy,” which describes a predisposition to respond immunologically to diverse antigens/allergens, and “dermatitis”, which refers to inflamed skin.⁶ From then on, atopic dermatitis defined what we most often think of as the most common form of eczema today: allergen-related, itchy and inflamed skin.

In Unani system of medicine eczema is known by different names such as chajajan, akota narefarsi

[1]. But its Hindustani name is Chambal [2, 3]. The disease is also known with other name Nare –e-Farsi. The name is given for the disease because it is common in the country of Faras, or the person who treated this disease for the first time belonged to the country Faras [4, 2]. Hakim Kabiruddin, the great physician of Unani medicine defined eczema as the disease of the skin, patient feels burning sensation over the lesions as it is burning on the fire [2]. Ghulam Jilani, the eminent scholar of Unani medicine described Nar-e-Farsi: it is skin disease in which there is burning sensation on the lesion as it is burning on the fire [5]. Unani Physician Ahamad Alhasam Jirjani described the Nare-e- Farsi in his book Zakhira Khwarzam Shahi as the disease of the skin in which liquid filled vesicles appear with severe burning sensation and itching [6]. According to Hakim Akbar Arzani, a great Scholar, Nar-e-Farsi is the disease in which rashes filled with waters, along with burning and itching.



Fig. 3 various types of Eczema at different part of body

The term Eczema is a Greek word (Ec means out, and Zeo means boil). The whole word implies boil out [7]. However in Modern Text books of Dermatology, eczema (Nar-e-Farsi) is described as an inflammatory response of the skin to multiple agents characterized by erythema, oedema, vesiculation oozing, crusting and lichenification [8]. Moreover, the eczema may be defined as an inflammatory skin reaction characterized histologically by spongiosis with varying degree of acanthosis and a superficial perivascular lympho-histiocytes infiltrate [9]. Characteristic features are intracellular edema and vesicle formation. There may be mild to moderate dermal reactions. In chronic cases, hypertrichosis, acanthosis and infiltration of upper dermis with lymphocytes are seen [7]. The term eczema denotes red skin with eruptions from which liquid oozes out [10]. The eczema can be defined as non-infectious and therefore non contagious inflammatory dermatosis in which the pathological changes in the epidermis and in the upper dermis produce distinctive clinical pictures such as erythema, scaling, oedema, vasication and oozing [7].

Eczema is a condition that causes your skin to become dry, itchy and bumpy. This condition weakens your skin's barrier function, which is responsible for helping your skin retain moisture and protecting your body from outside elements. Eczema is a type of dermatitis. Dermatitis is a group of conditions that cause skin inflammation. There are several types of eczema. Each type has unique triggers that can affect your skin's barrier function, including:

- Atopic dermatitis.
- Contact dermatitis.
- Dyshidrotic eczema.
- Neurodermatitis.
- Nummular eczema.
- Seborrheic dermatitis.

It's possible to have more than one type of eczema at the same time. Eczema can affect anyone at any age. Symptoms usually appear during childhood and last into adulthood. You might be more at risk of having eczema if you have a family history or a diagnosis of:

- Dermatitis.
- Allergies.
- Hay fever.
- Asthma.

Eczema is common and affects more than 31 million Americans. Infants are prone to eczema, and 10% to 20% will have it. However, nearly half of all infants diagnosed with eczema outgrow the condition or have significant improvement as they get older.

II. Epidemiology and prevalence, recent highlights

Despite being the most common inflammatory skin condition, eczema is the most confusing skin ailment for both patients and nondermatologic health care providers. Dermatitis is a common problem all over the world. Their incidence is 2-3 percent of all medical problems seen in practice (about 30 percent of all the dermatoses). Despite so much confusion the two terms are being used synonymously. Hence they are lumped together. In the practice of dermatology, the first step is to establish the clinical diagnosis of dermatitis and eczema.^[7] The word 'eczema' comes from the Greek for 'boiling' a reference to the tiny vesicles (bubbles) that are often seen in the early acute stages of the disorder, but less often in its later chronic stages. 'Dermatitis' means inflammation of the skin and is therefore, strictly speaking, a broader term than eczema which is just one of several possible types of skin inflammation^[11]. The prevalence of AD, asthma, and allergic rhinoconjunctivitis increased dramatically in the last half of the twentieth century, becoming a major health problem in many countries^[12].

As indicated by modern system of medicine, the etiology of atopic dermatitis is obscure. Already it was viewed as that IgE-mediated immediate and late phase reactions play a major role in the development of Atopic Dermatitis. Ongoing investigations uncover that a variance involving two subsets of T helper cells, Th1 and Th2, may cause the pathogenesis of Atopic Dermatitis including the overproduction of IgE^[13, 14].

III. Aetio-pathogenesis and pathophysiology (Maahiyat)

According to Unani physician 'Nar-e-farsi' is a skin disease, where rashes at the site of lesions occur and shows peacock shaped linear flame of fire. Vesicles formation (Muratab dane) occur after some time along with irritation and severe itching occur^[15] In a later stage these vesicles cracked, ruptured and changed into dry state and finally crust formation and lichenification occur^[16]. It is a condition in which eruptions with burning sensation just like fire are found. Eczema is caused by Akkal (corrosive), Haar (hot) and Lazeh (irritative) type matter that may spread with Dam (Sanguineous matter) or Balgham (Phlegmatic matter) and it is produced when Hot humor (Bilious matter and sanguineous matter) is mixed with dry khilt that is Saudavi madda (Melancholic matter), Moreover he stated that Nar-e-Farsi results from haad akhlat mixed with khilt e raqeeq (Safrā)^[17]. Other conditions which is responsible to produce eczema are- Mixing of khilt-e-Safrā into blood, indigestion, general weakness, nerve weakness, arthritis, gout, intestinal worms, incomplete evacuation, use of garlic, mustard, chilly, spicy food and extreme hot or cold^[4, 15]

Unani Eminent Scholar M. H. Quamri described 'Narfarsi' is a type of Itch which is severe non bearable burning in the skin with vesiculation and vesicles are filled with dilute liquid. It is due to increase of hiddat in khilte Dam (Sanguineous matter)^[18]. A Unani Physician Razi said that In Nar-e-Farsi there is burning sensation with pruritus after that blister is formed and filled with a dilute substance^[19]. Essentially two variables cause Eczema, first one is, hypersensitive or a delicate skin, and second one is exposure to irritant^[7]. According to modern physicians the characteristic change is oedema between the cells of the epidermis, known as spongiosis, leading to formation of vesicles. The whole epidermis becomes thickened with an increased keratin layer. A variable degree of vasodilatation in the dermis and an inflammatory infiltrate may be present. They may vary according to the type of eczema. The pathogenesis of exogenous eczema, particularly primary irritant and allergic contact eczema is well understood, but that of endogenous eczema is not yet very clear^[20]. These are some broad causes which predisposes Eczema, allergy, debility, age, familial inclination and mental variables are significant in Eczema. It occurs in infancy, puberty, and old age^[21]. Certain local factors like varicose veins, hypostasis, Ichthyosis, xeroderma, a greasy skin, hyperhydrosis, predispose to Eczema. Exciting factors that are chemicals, plants, clothing, medicaments, infections, drugs, diet, sepsis and all factors impose or only auto sensitization of integumentary system alone besides extreme condition of environment also cause the same^[22]. Patient with Eczema usually presents with a history of allergy in the form of asthma, hay fever and allergic rhinitis due to familial sensitiveness [21, 23, 24, 17, 18, 19, 25, 26, 27, 28, 22, 7].

IV. Aqsam of Nar-E-Farsi (types of Eczema)

Antiquated Unani physicians have characterized the eczema (Nar-e-farsi) into following types^[29, 15]

A. Depending upon the forms and secretions of the lesions of Nar-e-farsi Sada

- o Nar-e-farsi Ahmar (Surkhi mael)
- o Nar-e-farsi Naffati (Abladar)
- o Nar-e-farsi Mutaqaiyah (Peepdar)
- o Nar-e-farsi Sulb (Hardness at the site of lesion in the skin)
- o Nar-e-farsi Shaqaqi (Cracking at the site of lesion in the skin)

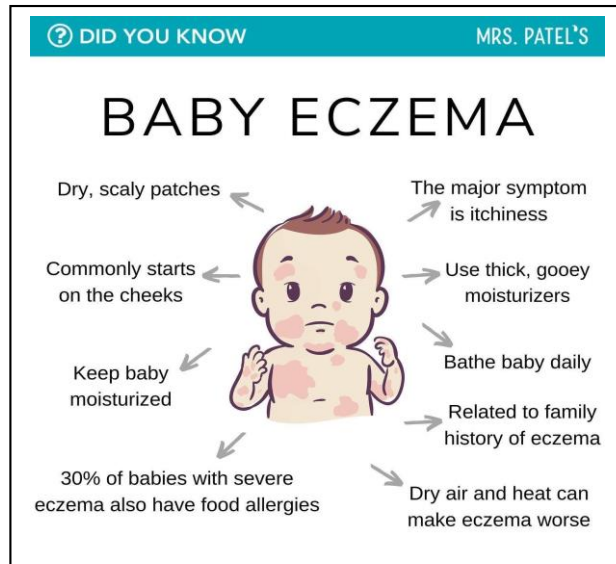


Fig. 4 Eczema- In infant and new born baby



Fig. 5 Management of Eczema in infant and new born

B. Clinically it is separated in the following types: ^[11].

- o Acute Eczema (Nar-e-farsi haad)
- o Chronic Eczema (Nar-e-farsi muzmin)

In modern medicine eczema has been classified in the following manner:

C. Depending upon the type of lesion

- o Acute phase: Erythema, edema, vesiculation, oozing, crusting.
- o Sub-acute: Hyperpigmentation, scaling and crusting.
- o Chronic: Lichenification.

Presently, Eczemas are classified for practical use into two broad groups ^[20, 30].

o Exogenous eczema:

- Irritant contact eczema
- Allergic contact eczema
- Photosensitive eczema
- Infective eczema
 - Endogenous eczema:
 - Atopic eczema
 - Seborrheic eczema
 - Nummular eczema
 - Asteatotic eczema
 - Stasis eczema
 - Dyshidrotic eczema

V. Alamat (Clinical Presentation)

Clinical highlights referenced in classic literatures are as follows ^[31, 29, 15].

1. Skin shading changes, for example, pretty much shading than the ordinary skin tone.
2. Skin redness or aggravation around the blisters, serious tingling and oozing.
3. Thickened or leather like areas (called lichenification), which can happen after long term irritation and scratching
4. The type and location of the rash can rely upon the age of the patient:
5. It may be in children, elderly and old people but in children younger than 2 years of age, skin lesions begin on the face, scalp, hands, and feet. The rash is often itchy and bubble, ooze, or form crusts.
6. In older children and adults, the rash is more often seen on the inside of the knees and elbow. It can also appear on the neck, hands, and feet.
7. Rashes may occur anywhere on the body during a terrible flare-up.
8. Intense tingling is common. Itching may begin even before the rash shows up. Atopic dermatitis is frequently called the "itch that rashes" in light of the fact that the itching starts, and then the skin rash follows as a result of scratching.

Symptoms of eczema include:

- Dry skin.
- Itchy skin.
- Skin rash.
- Bumps on your skin.
- Thick, leathery patches of skin.
- Flaky, scaly or crusty skin.
- Swelling.

Eczema can look different on each person diagnosed with the condition. If you have a dark skin tone, an eczema rash can be purple, brown or gray. If you have a light skin tone, an eczema rash can look pink, red or purple. Symptoms of eczema can show up anywhere on your skin. The most common places where you'll notice symptoms of eczema include on your:

- Hands.
- Neck.
- Elbows.
- Ankles.
- Knees
- Feet.
- Face, especially cheeks.
- In and around ears.
- Lips

While less common, eczema can also occur on your:

- Nipples.
- Breasts.

- Folds of skin near your vagina (vulva).
- Penis.

Eczema doesn't usually cause pain. If you scratch your skin, you could break the surface of your skin and create a sore, which could be painful. Some types of eczema, like contact dermatitis, cause a burning sensation and discomfort.

VI. Causes of Eczema

Several factors cause eczema, including:

- **Your immune system:** If you have eczema, your immune system overreacts to small irritants or allergens (triggers) in your environment. When you contact a trigger, your immune system assumes that these small irritants are foreign invaders, like bacteria or viruses, that can harm your body. As a result, the triggers activate your body's natural defense system. Your immune system's defense is to create inflammation. Inflammation causes symptoms of eczema on your skin.
- **Your genes:** You're more likely to have eczema if there's a history of eczema or dermatitis in your family. You're also at a higher risk if there's a history of asthma, hay fever and/or allergies. Common allergies include pollen, pet hair or foods that trigger an allergic reaction. You could also have a genetic mutation that causes your skin's barrier function to not work as it should.
- **Your environment:** There's a lot in your environment that can irritate your skin. Some examples include exposure to smoke, air pollutants, harsh soaps, fabrics such as wool, and some skin care products. Low humidity (dry air) can cause your skin to become dry and itchy. Heat and high humidity can cause sweating and that can make your itchiness even worse.
- **Emotional triggers:** Your mental health could affect the health of your skin, which can cause a flare-up of eczema symptoms. If you have high levels of stress, anxiety or depression, you may have more frequent flare-ups of eczema symptoms.

In short clinical features depend on the stages of eczema:

A. Acute Eczema

This is characterized by plaque which are badly characterized, erythematous and edematous, surmounted by papules and vesicles which on rupturing show the lesion an oozy look, exudates dries to form crusts, scaly and spongiosis.

B. Chronic Eczema

In chronic condition there may be less exudation, scaling which may be prominent, lichenification (It means triad of hyperpigmentation, thickening of skin and increased skin markings) and fissuring in flexural lesions.

VII. Diagnosis and investigations of Eczema. (Tafteeshat)

It depends on clinical highlights depicted above and now day's Criteria named Hannifin and Rajka's measures ^[23, 24] for analysis of Atopic dermatitis. Aside from this numerous appropriate examinations are accessible to affirm the particular kind of dermatitis. Examinations IgE level in serum: It is very helpful to measure IgE level particularly when typical presentation of eczema is not present especially when the distribution of Eczema is atypical and there are no condition of other atopic disease. It offers backing to hint

about specific environmental allergens e.g., horse dust parasite, dusts and food. It elevates the level according to severity of disease. as indicated by seriousness of illness ^[32, 22].

- A. Patch tests: There are specific antigens for every allergen due to atopy and this test provides specific clue about the antigen. In this strategy an allergen is applied to the back of patient under occlusive dressing and leaved for 48 hours. At that point the patient is analyzed for hypersensitivity reactions (erythema, edema or papulovesicles). This test is performed by physician with special expertise. Patch testing is often useful in assessment of chronic Dermatitis ^[32, 22].
- B. Prick test: The indications are same as for specific IgE but are less commonly performed ^[33, 34].
- C. Serological tests: to detect the level of serum IgE and IgE antibodies ^[11, 35, 36].
- D. Bacterial and viral swabs for Microscopy and Culture:
- E. Skin scrapings for Mycology
- F. Skin biopsy (rare).

VIII. Management of eczema in unani medicine Usool-E-Ilaaj. ^[4, 15]

- Izala-e-Sabab (Treat the reason)
- Tanqiya-e-Muwad (for evacuation of bad elements)
- Musaffiyat-e-Dam (Blood purifier)
- Mana-e-Ufoonat-e-Jild (Antiinfective)
- Musakkinat-e-Jild (Sedative to the skin)
- Mulayyanat wa Mushilaat if there should be an occurrence of constipation
- Bathing and cleaning of lesions.

IX. Ilaaj Nar-E-Farsi (Treatment of Eczema) ^[29, 15, 4]

Izala-E-Sabab: Treat and expel the cause which is responsible for Nar-e-Farsi. Tanqiya-e-Muwad (for evacuation of bad elements): For this purpose joshanda of Sana makki 5gm, Saqmooniya 5gm, Haleela kabli 5gm, Aaloo Bukhara 5gm can be given to the patient before taking Musaffiyat-e-Dam.

Musaffiyat-E-Dam (Blood Purifier) & Mana-E- Ufoonat-E-Jild (Anti-Infective)

A. Single drugs (mufradat)

A lot of Unani single drugs like Shahtra (Fumaria indica Pugsley), Chiraita (Swertia chirayita Roxb.) Sarphoka (Tephrosia purpurea Linn.), Gul-e-mundi (Sphaeranthus indicus Linn.), and Unnab (Ziziphus jujuba Mill.) etc.

B. Compound drugs (murakkabat)

There are some compound drugs like Qurs Musaffi Khoon, Majoon Ushba, Sharbat Musaffi Murakkab, Sharbat Unnab, Sharbat Nilofer, Arq-e-Shahatra, Arq-e-Mundi etc. are generally utilized in the treatment of Nar-e-Farsi.

C. Musakkinat-E-Jild (Sedative To the Skin) and Mana-E- Ufoonat-E-Jild (Antiinfective)

- Dry and squash the leaves of henna (25 gm) and dark cumin (25 gm) and blend it in with 200 ml of olive oil at that point heat the blend till burnt/charred. The blend ought to be separated and filtrate contain plastic container and apply four times each day on eczematous injury ^[31].

- Apply Rasot mixed with Roghan-e-Gul locally

- Apply Marham Safeda Kafoori for sedation
- Apply Sandal, Murdarsang, Kafoor in the wake of blending in Arq-e-Gulab locally.

D. Mamoolat-E- Matab

- Majoon Ushba 7gm first

And then Joshanda of, Barg-e-Shahatra, Chiraita, Sankhahooli, Unnab, Sandal safed, Sandal surkh, Sarphoka, Gul-e-Nilofer, Mundi with Sharbat Unnab 20 ml two times per day in the morning and evening is given to the patient.

- Jawarish Jalinoos two times every day after supper
- Itrifal Shahatra 10 gm HS
- Marham Safeda Kafoori for L.A.

Remove the Triggers: [37, 38, 30, 39].

Aggravating factors/irritants/allergens e.g. avoid scratching the rash or skin, Irritants such as wool and lanolin, alcohol, scents, dyes and other chemicals.

Hydration: [37, 38, 30, 39]

Keep the skin moist, use ointments (such as petroleum jelly), creams, or lotions 2-3 times a day.

X. Prevention of Eczema.

There are steps you can take that may prevent eczema flare-ups and outbreaks, including:

- Moisturize your skin regularly or when your skin becomes dry. Seal in moisture after a bath or shower by immediately applying moisturizer to your skin.
- Take baths or showers with warm, not hot, water.
- Stay hydrated and drink at least eight glasses of water each day. Water helps keep your skin moist.
- Wear loose clothes made of cotton and other natural materials. Wash new clothing before wearing it. Avoid wool or synthetic fibers.
- Manage your stress and emotional triggers. See a psychiatrist for medication and a therapist for counseling if you're experiencing symptoms of poor mental/emotional health.
- Use a humidifier if dry air makes your skin dry.
- Avoid irritants and allergens.

XI. Natural Remedies To Treat Eczema



Fig. 6 Eczema-Inflammable burning skin and itching

Fig. 7 Apple cider vinegar used in treatment of Eczema

Eczema is a condition in which some patches of the skin become inflamed, itchy, cracked and rough. This can even result to blisters sometimes. People have different stages and types of eczema and most common among them is atopic dermatitis. In this condition a person gets affected by a number of factors including immune system, atopic dermatitis, asthma and hay fever. Eczema is not contagious however its treatment can take a lot of time. People use lots of creams and lotions, medical ointments to cure it. But today, we will tell you about some natural remedies through which you can treat your eczema.

Natural remedies do not have any side-effects on the skin in most cases. It can be quickly prepared at home or is already present. It prevents inflammation on the skin and does not let it go worse. Natural substances such as aloe vera, coconut oil etc can moisturize your skin and combat harmful bacteria as well. It makes the swelling go away and hence the chance of infection reduces a lot.

1. Aloe Vera Gel

Aloe vera is obtained from the leaves of the aloe vera plant. It is used for medical purposes especially for improving the skin quality. You can put aloe vera gel on your skin which is affected by eczema and keep it for until its get dry on its own. Avoid using aloe vera gels available in the market as they are mostly mixed with some chemicals to keep it packed for long time. Aloe vera gel has these properties which can help in curing eczema-

- Antibacterial
- Antimicrobial
- Immune system-boosting
- Wound healing



Fig. 8 Aloe Vera used in treatment of Eczema



Fig. 9 Colloidal Oat Meal Used in treatment of Eczema

2. Apple Cider Vinegar

This can also be prepared in homes and is useful in treating many skin conditions. It also prevents acnes and other problems. **National Eczema Association also claims apple cider vinegar to be a helpful product in treating eczema.** However the acids present in the vinegar could sometimes damage soft tissues. It balances the acidity levels in the skin, most people having eczema have low acidic levels in their skin, and vinegar acid can balance it out. It should be kept in mind that apple cider vinegar should be mixed thoroughly before applying so that vinegar does not burn the skin. It also helps to fight bacteria which could prevent broken skin from getting infected. Apple cider vinegar should be applied 2 times a day for best results.

3. Colloidal Oatmeal

This is a natural remedy for eczema as nutrients present in this oat meal have skin healing properties. Colloidal oatmeal is made from boiled and grounded extract that can heal the skin. It has antioxidant and anti-inflammatory properties which can improve-

- Skin dryness & Scaling
- Itching & Roughness of the skin

Add powdered colloidal oatmeal to warm water and take a dip in it. Keep the infected area soaked in the solution of colloidal oatmeal for half an hour so that all it is soaked properly in the skin.

4. Coconut Oil

Coconut oil is also very healthy for the skin. It can be used to treat eczema because it has fatty acids that can add moisture to the dry skin in the infected area. Virgin coconut oil also helps to fight inflammation and improves the skin health to a great extent. Apply coconut oil for around 8 weeks to get the best results. It can reduce symptoms of eczema rapidly.

5. Honey

Honey is said to be the natural remedy for most health conditions. It has anti-bacterial and anti-inflammatory agents in it that can heal wounds for long period of time. It boosts your immune system so many skin diseases which occur due to autoimmune system can also be benefited. Honey is effective in treating eczema symptoms and works as a treating agent in burns, wounds and bacterial infections. Apply honey directly to the infected area to speed the healing process of eczema.



Fig. 10 Honey used in treatment of Eczema



Fig. 11 Coconut oil Used in treatment of Eczema

6. Tea Tree Oils

People often use tea tree oils to help with skin problems that include eczema. It is derived from leaves of *Melaleuca Alternifolia* tree. It also has anti-inflammatory properties along with antibacterial and wound healing properties. This helps in eczema and relieves dry skin and itching in the skin. It also prevents infections from affecting eczema. To use it you need to dilute in essential oils before applying it on the skin. Mix tea tree oil with almond oil or olive oil for good results.

7. Change in Diet

Since eczema is an inflammatory skin condition, having diet rich in anti-inflammatory products can help a lot. Some additions to the diet which can reduce inflammation and treat eczema are-

- Fish
- Leafy beans
- Beans and lentils
- Colourful fruits
- Vegetables
- Turmeric and cinnamon

Also avoid eating food that includes high inflammation such as dairy products, eggs, soya, and wheat. Eliminating or reducing them from your diet can help your eczema heal faster.

8. Probiotics

Studies suggest that babies at high risk for allergic disorders, such as eczema, have different types and numbers of bacteria in their digestive tracts than other babies. It is thought that probiotic supplements taken by pregnant women and children may reduce the occurrence of eczema in children. For a review published in PLoS Medicine in 2018, researchers analyzed previously published studies on diet during pregnancy and infancy and the risk of allergic or autoimmune disease. They found evidence from 19 studies suggesting that maternal probiotic supplementation during late pregnancy and lactation may reduce the risk of eczema. Further research is needed. In addition to the maternal use of probiotics, probiotic use by infants and children has also been explored to prevent and treat eczema.

9. Topical Lotions, Creams, and Oil

It is found that moisturizers showed some benefits in people with eczema. Specifically, moisturizers prolonged the time to flareups, reduced the number of flareups, and decreased the amount of topical corticosteroid medication needed for a similar reduction in severity. The researchers also found that a cream containing the licorice-compound glycyrrhetic acid was more effective at reducing eczema severity than a cream without the substance. Four studies in the review evaluated a urea cream, and participants reported more improvement with the urea cream than a cream without urea. Consult your healthcare provider before using any topical applications. Some herbs, such as chamomile, should not be put on eczema in certain people. This is because they are known to cause allergic contact dermatitis. Similarly, tea tree oil is often used as a natural remedy for eczema. However, according to a study in Contact Dermatitis, tea tree oil produces ascaridole when the oil is oxidized, which may cause allergic contact dermatitis. In a German study, 72 people with moderately severe eczema used either a cream containing witch hazel extract, 0.5 percent hydrocortisone cream, or a placebo cream for 14 days. The hydrocortisone was found to be more effective than witch hazel. Witch hazel was not significantly more effective than the placebo cream. According to a report published in Pediatric Dermatology, olive oil may exacerbate dry skin and eczema.



Fig. 12 Prime Rose oil used in treatment of Eczema



Fig. 13 Topical ointment and lotion used in treatment of Eczema

10. Gamma-Linolenic Acid (Evening Primrose Oil and Borage Oil)

Gamma-linolenic acids (GLA), such as evening primrose oil and borage oil, are a type of essential fatty acid. GLA is thought to correct deficiencies in skin lipids that can trigger inflammation, which is why it is used for eczema. However, clinical studies of GLA have generally found that it does not help with eczema. For a review of previously published studies investigating the effectiveness of evening primrose oil or borage oil oral supplements, researchers examined 27 previously published studies and found that evening primrose oil or borage oil did not significantly improve eczema symptoms compared to placebo treatment. The researchers also noted potential risks associated with evening primrose supplements such as inflammation, thrombosis, immunosuppression, and increased risk of bleeding.

Conclusion

Dermatitis isn't a perilous ailment, it is an inflammatory response to the skin. Antiquated Unani doctors have described eczema in the name of Nar-e-farsi and were very much aware about eczema and have depicted the etiological factor, types, pathology, clinical features in detail. They have utilized a lot of single medications, compound medications and locally material medications in the management of eczema. Be that as it may, there is need of herbal drugs in the treatment of eczema alongside logical approval.

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